



My Life, My Health: Living with Chronic Conditions

Workshop Information Cover Sheet

Instructions to the Group Leaders: Please provide the requested details about this Workshop. Please print clearly. Use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator after completion of the workshop.

1. Site Name: _____
Address: _____
City: _____ State: _____ Zip: _____

2. Group Leaders' Names (Please provide full first and last names.) If we may contact you with questions about these forms, please provide your daytime phone number as well.

_____	_____	Staff or
First Name	Last Name	Volunteer? Ph: (____) ____ - _____
_____	_____	Staff or
First Name	Last Name	Volunteer? Ph: (____) ____ - _____

3. Workshop Start Date (mm/dd/yyyy): ____/____/____
End Date (mm/dd/yyyy): ____/____/____

4. Did you offer a "Session 0" with this workshop? ("Session 0" is an optional pre-workshop session. Not all workshops offer a "Session 0".)

Yes
No
Don't know

5. What type of workshop is this? (Mark only one.)

Chronic Disease Self-Management Program (CDSMP)
Tomando Control de su Salud (Spanish CDSMP)
Diabetes Self-Management Program (DSMP)
Tomando Control de su Diabetes (Spanish DSMP)
Arthritis Self-Management Program (ASMP)
Programa de Manejo Personal de la Artritis (Spanish ASMP)

Please turn over



For Survey Coordinator Use Only

Host Organization Name: _____

Funding Source for this Workshop: AoA CDC Arthritis Program Both AoA/CDC Other

Workshop Information Cover Sheet—continued

6. Number of participants *enrolled*, attending at least 1 session * : _____

7. Number of participants who *completed at least 4 sessions* * : _____

* *Excluding "Session 0"*

8. Number of *Participant Information Surveys* included in the returned packet: _____

If the number of forms is fewer than the number of participants noted in #6 above, please provide a brief explanation (e.g., illness, refusal, loss or destruction of forms, etc.):

Check list for Group Leaders after completing Session 6 of the workshop:

Please return the following forms to the Survey Coordinator (contact information below) within 2 business days after the final session unless other arrangements have been made :

- ☐ This *Workshop Information Cover Sheet*
- ☐ *Attendance Log*
- ☐ All completed *Participant Information Surveys*

If you are participating in the Evaluation Project please mail in the following forms:

- ☐ This *Workshop Information Cover Sheet*
- ☐ *Attendance Log*
- ☐ All completed *Pre-Workshop Surveys*
- ☐ All completed *Post Workshop Surveys*

Retain a photocopy of the participant's contact information for the Follow -Up Survey

[Survey Coordinator Contact Info]

OR

**My Life, My Health
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Attn: Bridget Landers**

(617)624-5540 or Bridget.Landers@state.ma.us